

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl	licants
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Jack T. Leonard

Serial No.

09/936,668

Filed

September 13, 2001

For

Examiner

Method of Ultrafiltration

Kim, Sun U

Art Unit

1723

Attorney

Docket No.

MCA-448A US

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## **AMENDMENT**

In response to the Office Action dated August 18, 2004, please amend the above-identified application as follows:

[ ] Amendments to the Specification begin on Page of this paper:
[X] Amendments to the Claims are reflected in the listing of claims which begins on Page 2 of this pape
[ ] Amendments to the Drawings
[ X] Remarks/Argument begin on Page 6 of this paper.
[ ] An Annandiv is attached



Attorney Docket No. MCA-448A PC/US Amendment Dated: February 18, 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants:** 

**Jack Thacher Leonard** 

**Application Number:** 

09/936,668

Group Art Unit: 1723

Filed:

September 13, 2001

Examiner: Sun U. Kim

Title:

Method of Ultrafiltration

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

## **AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an amendment in the above-identified application. In lieu of filing a Notice of Appeal in reply to the Office Action made final, Applicant's Attorney is filing a Request for Continued Examination (RCE). Reconsideration and further examination are requested.

□ No additional fees under 37 C.F.R. Rule 1.16 are required.

The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest Number Previously Paid For		(Col. 3) Present Extra	Rate	Add'l Fee
Total	* 29	-	** 33	=	0	X50	0
Indep.	* 9	-	*** 9	=	0	X200	0
TOTAL ADDITIONAL CLAIM FEE:							
Extension of Time under 37 CFR 1.136(a)							
Request for Continued Examination							\$790
TOTAL FEE:							\$1810

If the entry in Col. 1 is less than entry on Col. 2, write "0" in Col. 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

L	A check it	n the amount o	T \$		is attached.
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Charge \$ 1810.00 to Deposit Account No. 13-3577. A duplicate copy of this sheet is attached.

Please charge any additional fees or credit overpayment to Deposit Account No. 13-3577.

Respectfully submitted,

ohn Dana Hubbard

Reg. No. 30,465

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